STATE OF MARYLAND DEPARTMENT OF THE ENVIRONMENT

	IN NI BOMERY	•	
State of two brown	Date	-14-96	•
State of Browing 1	To Your M	10 Co. MJ.	D 985370196
Ma21224	10	· ·	••
State of Mo Diby	From . BRYAN D WENCE	к 410-631-3	344
	☐ Please Note & File	☐ To be Signed	jeth.
3 12	☐ For Your Information	☐ Please Comment	Jam & Telling
2 10 - 96	☐ Please Note & Return	☐ Please See Me	, , , , , , , , , , , , , , , , , , , ,
Legil - ale	Please Handle	☐ Please Make Copie	
	☐ Please answer, Sending me Copy of your letter	☐ Please Circulate	
•	☐ Please Prepare reply for	my Signature	HAZARDOUS WASTE
	☐ Please Send - Copies of t	his to:	PROGRAM
	Remarks: THERE IS A DREPORT AND OUR RECO	DISCREPANCY BETWEEN DRDS.	YOUR 1995 ANNUAL
	YOUR REPORT SHOWS 1	THE NAME OF YOUR COM	IPANY AS:
·.			
	OUE RECORDS INDICAT	TE THE NAME OF YOUR	COMPANY AS:
	YOUR REPORT SHOWS	THE LOCATION OF YOU	UR COMPANY AS:
	9411 Earle	_	
		ATE THE LOCATION OF	YOUR COMPANY AS:
-	Rt 3 L	<u> </u>	
·:	OTHER	•	*
	PLEASE COMPLETE T UPDATE OUR RECORD	HE ATTACHED FORM SO	THAT WE CAN
Bryan,	•	•	
I Spok	· w/ yar au 10/15/96 - 0	nn Dooness changes due	to the 911 Sytem.
	9411 Early Dr.	11	•

Thouks,

RCRIS UNIVERSE MAINTENANCE FORM

EPA I	OMID	D 9	8 5	3 7	0 11	96		
Castle Atver	<u>.</u>	. b v	20 0			7.		
Facility Nam	le rtc	LU I	Manu.	Facture	JNS.	0		
Source: N	A S E		Not	tification Date	8/5/9	7		
Waste Activity	Туре		RA Reg Status	RCRA F Descrip	- :	:		65
Generator Transporter TSD		·	<u> </u>					10/1
Burner	to Blender_	•	HWE Other	Market		WF Buner		
	to Burner			Market		SO Burner		ļ
SO ACT:			000 011101	wante		00 0011101		
	: Utility Boile	r	Industrial B	oiler	F	ırnace		
,	d Injection Cor							
Recycler: Mode of Tra	nsportation:	Air Other _		Highway	Wate	er	•	:
1	ode Informa or S (circle		one)					
PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE	
			•					-
				-	-		b	-
	IR Inspection report			_ Affidavit from the f	lacity			Ī
	Revised Notification f	rom the state	بىر	_ Affidavit from the	state			
<u> </u>	Revised Notification I	rom the facility		Biennial report				
	EPA clean dosure ce	dificate		- Documentation no	beniupen to			
	State documentation	certilying clear	n dosure			SEP 1	4 1994	
	Other				Date to Data E	intry	38	
	******************				Batch Number			*
			· · · · · · · · · · · · · · · · · · ·		Date QAd	1111	6 94	

WASTE MANAGEMENT ADMINISTRATION HAZARDOUS WASTE PROGRAM ENFORCEMENT DIVISION

MEMO TO FILE

FACILITY/PROJECT NAME: HUB MANUFACTURING CO., INC
EPA IDENTIFICATION NUMBER: MDD 91815131710111916
FROM: BOB BOONE ME-HWED DATE: 8-5-94
CONVERSATION WITH: John Talley, gr.
TELEPHONE: (301) 790-3038
COMMENTS: Talled John Talley, Pres., HUB MG CO., Fre.
concerning CHS Generator Startus at "HMCI".
my. Talley said that "HMCI" mgs. custom
boat traiters and although some painting is pratorne
all paint/racques themmer is utilized in their
processes m. Talley further said "HMCI" is
curently a non-cHs handler.
FORWARD TO:
REFERRED TO OTHER AGENCY: EPA
FILE
OTHER:

	Resource Conservation
For Official Use Only	
Comments	
C	
Installation's EPA ID Number Approved (yr. ma. day)	25 1990
F M D D 9 8 5 3 7 0 / 9 6 7 1 Uuix & J 13 9 0 1 13 13 13 13 13 13 13	
HUB MANUFACTURING CO. INC	
II. Installation Mailing Address	
$\frac{c}{c}$ ℓ $+$ $\frac{1}{3}$ $\frac{1}{2}$ $\frac{1}{2$	
City or Town State	ZIP Code
*HAGERSTOWN MD	21740
III. Location of Installation Street or Route Number	
FRT3 LESLIE DR	
City or Town State	ZIP Code
IV. Installation Contact	21740
Name and Title (last, first, and job title) Phone Number (ere	a code and number)
TALLEU JR. JOHN PRES.30179	03038
V. Ownership A. Name of Installation's Legal Owner. B. Type of O	wnership (enter code)
FHUB MANUFACTURING CO	
VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) A. Hazardous Waste Activity B. Used Oil Fuel Activitie	
1a. Generator	
□ 3. Treater/Storer/Disposer □ a. Generator Marketing to Burner	
3. Treater/Storer/Disposer 4. Underground Injection 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) 3. Treater/Storer/Disposer 5. Market or Burn Hazardous Waste Fuel (c. Burner) 7. Secretary Marketing to Burner	
a. Generator Marketing to Burner b. Other Marketer C. Burner	On site Burner) fication
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of comwhich hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices A. Utility Boiler B. Industrial Boiler C. Industrial Furned	ces.)
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)	
□ A. Air □ 8. Rail ☑ C. Highway □ D. Water □ E. Other (specify)	
IX. First or Subsequent Notification	
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activ notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.	ity or a subsequent

	Hazardous Wastes (c	<u> </u>			T/A
ardous Wastes	Hazardous Wastes (c				
		ontinued from front)	Talki Talki		
n nonspecinc so	from Nonspecific Sources	. Enter the four-digit num	ber from 40 CFR Part 2	261.31 for each listed ha	izardous waste
	arces your instantation flant		s if necessary.	T 5 T	
		3 1			6
003	1002		10L		
7	8	9	10	11	12
	from Specific Sources. En			32 for each listed hazarr	dous waste from
cific sources you	ır installation handles. Use	additional sheets if nece			
13 		1.5	16	17	18
		700			
19	20	21	22	23	24
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
25	26	27	28	29	30
engagrijas rajos - Stand					
nmercial Chemi r installation har	cal Product Hazardous Windles which may be a hazar	nstes , Enter the four-digit rdous waste. Use addition	al sheets if necessary.	ran 201.33 for each chi	
31	32	33	34	35	36
	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	38	39	40	41	
43	4	45	46	47	48
ed Infectious W	astes. Enter the four-digit	number from 40 CFR Part	261.34 for each hazar	dous waste from hospit	als, veterinary hos-
	d research laboratories you			6 53	1 54
49	50	51	52 		
	ionlisted Hazardous Wast dies. <i>(See 40</i> CFR <i>Parts 26</i>		corresponding to the ch	naracteristics of nonliste	d hazardous wastes
🔲 1. Ignita		2. Corrosive	☐ 3. Reacti		4. Toxic
(Boo		(D002)	(D003)		(D000)
ertification	ar - The section of the control of t				
ertify under p	penalty of law that I he sched documents, and	eve personally exam	ined and am famili	ar with the informa	tion submitted in ly responsible to
taining the in	formation. I believe th	at the submitted info	rmation is true, acc	curate, and complete	e. I am aware tha
ere are signif	icant penalties for sub	mitting false informa	ition, including the	possibility of fine ar	nd imprisonment
turen		Name and Office	ial Title (type or print)	Date	e Signed
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BUN 2 5 1990

JUN 1 2 1990

HAZARDOUS WASTE DIVISION



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)